10/677,604

PTO/SB/06 (08-03)
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U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD SUBSIDILITY FOR POT POT 0-13: CLAIMS AS FILED - PART I (Column 1) FOR MAMBER PILED MAMBER PILED MAMBER EXTRA BASIC FEE BASIC FEE D' CR 1.16(p) FOR MAMBER PILED MAMBER PILED MAMBER EXTRA BASIC FEE D' CR 1.16(p) FOR CLAIMS BASIC FEE D' CR 1.16(p) FOR CLAIMS CLAIMS AS ANIENDED - PART II (Column 1) CLAIMS AS AMENDED - PART II (Column 1) CLAIMS AS AMENDED - PART II (Column 1) CLAIMS AS AMENDED - PART II (Column 2) CLAIMS AS AMENDED - PART II (Column 3) CLAIMS ANEXED - PART II (Under the Paperwork Reduction					omation unter			
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If the emy in column 1 is less than the entry in column 2, write "0" in culumn 3. If the "46pest Number Previously Paid For" IN THS SPACE is less than 30, enter "20". If the "46pest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".									

If the Teignest Number Previously Paid For' IN THIS SPACE is less than 3, enter "Y.

The Teignest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 26 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including patheting, preparing, and submitting the completed application form to the USPTO. There will strop depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be seen to the Chief information Officer, U.S. Patern and Trademark Office, U.S. Depending upon the Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450,

If you need essistance in completing the form, cell 1-800-PTO-0199 and select option 2.